



Mauri Ora

Redevelopment of Mental Health and Addiction Services in the Lakes District

Engagement workshops drawing out key themes

The Model of Care Working Group has been working hard engaging with stakeholder groups and communities and collating their views in to themes, to shape a new model of care for mental health and addiction services across the whole of the Lakes DHB region.

By the end of May, 15 workshops had been completed which captured the views of over 200 people and a survey monkey tool has had nearly 200 responses.

A hui at Te Papaïouru marae in Ohinemutu (below) saw about 40 people gather to express their views and opinions. Themes from the workshops are currently being processed and analysed by the working group and will inform the



basis of the model of care.

Another engagement workshop was also held in May with the Rotorua Area Primary Care Services (above) which includes Rotorua GPs. Lakes DHB Psychiatrist Darren Malone was lead facilitator at this workshop. Participants were well engaged, offering useful insights around primary/secondary service interface.

A key aspect emerging is the importance of the connection of community mental health services with local communities and other agencies, particularly primary care.

Co-leaders of the model of care work, Mental Health and Addictions Clinical Nurse Director Michael O'Connell and Portfolio Manager Marita Ranclaud say it's people and communities that are shaping the model of care and people sit clearly at the centre of everything about the development. *Cont. page 2.*



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Engagement workshops drawing out themes (cont.)

Michael and Marita say there is strong optimism about the direction of things going forward and a sense of hope. People are focused on seeing improvements that will matter most for the future, that is, our mokopuna (grandchildren).

The initial focus of the model of care work has been on engaging with whaiora/service users clinical services staff, NGO providers, iwi groups and some community agencies. These meetings included: community hui in Mangakino and Turangi; TCOSS; Iwi Community Panel (Rotorua); sessions with Te Ngako and the inpatient unit at Te Whare Oranga Tangata o Whakaue; Mental Health service providers; Tuwharetoa Health and Pihanga Health; Perinatal health service providers; Family/carers; Te Utuhina Manaakitanga whaiora and staff; and a series of whaiora engagements.

Five core questions have been work shopped at each engagement session. The engagement survey, based on the five workshop questions was developed as another tool for people to share ideas and views, particularly for those who may not want to contribute in group settings or who missed face to face workshops.

The survey provided the opportunity to engage with people more broadly than in the workshops.

Other workshops coming up include: Children's Services, Older people, Te Kotahitanga (the Tuwharetoa collective of marae and Ariki office) and government agencies.

The model of care will also be informed by a desk review of other DHB models of care, local Lakes DHB reports, reviews and plans.

At the end of June, a small group will combine the expertise of consumers, clinical people and NGO representatives to review current provision of mental health services strengths, gaps, and the unmet issues of people with high and complex needs. The system

currently struggles to respond effectively to a small number of people and sustain and support them to thrive in the community.

A draft model of care concept design will include: themes from engagement workshops and other hui, collation of themes from existing reports, models in other areas, statistical data, mapping of current services and community assets and feedback on current services. In July, a draft version of the proposed model of care will be available for a consultation process.



GP Dr Mike Williams, Lakes DHB Psychiatrist Darren Malone and Clinical Nurse Director Mental Health Services Michael O'Connell at the RAPHS workshop

What's Next

In July, the Model of Care Working group will be bringing the draft model of care back to the community to ensure the model accurately captures and reflects what the community has told them. If you are an organisation or group with an interest in mental health and would like a presentation and a chance to see the model of care, please contact Lakes DHB Portfolio Manager Mental Health Marita Ranclaud ...marita.ranclaud@lakesdhb.govt.nz



Cultural aspects of Mauri Ora an essential factor

In considering options for a new mental health facility, Ngati Whakaue representative Kingi Biddle explained the significance of a sacred site for his people.

The sacred place on Pukeroa, overlooking Ohinemutu and marked today by a commemorative rock within a special enclosure (near the Older Persons and Rehabilitation Unit) has for centuries been the home of a guardian of Ngati Whakaue called Makawe.

Kingi says that guardians such as Makawe exemplify the role that environment (taiao) plays in the healing of the tangata (person). He explained the spiritual significance to Ngati Whakaue, pointing out the healing position of the site where one “looks out over the water of Rotorua and feels the touch of the wind.”

“That’s why Pukeroa Hill and the many significant places is so special for the Mauri Ora project. It exemplifies the principle of the healing aspect of taiao (environment),” he says.

A *Mauri Ora Tikanga Maori Guidance and Principles* document captures information on the history of the Pukeroa site and ensures it is paramount in all decisions made on the location and development of any new facility. This means Maori principles and cultural considerations will be included in the criteria for assessment of site options for any new facility.

Lakes DHB acknowledges Ngati Whakaue as mana whenua of Pukeroa Hill and the importance of its relationships with local iwi, Te Arawa in Rotorua and Tuwharetoa in Taupo.

The *Mauri Ora Tikanga Maori Guidance and Principles* document provides guidance to the project decision making and acknowledges the importance of ensuring iwi, Maori leadership and participation at all levels of the project.

This commitment has been implemented by inviting representatives of both Te Roopu



Hauora o Te Arawa and Ngati Tuwharetoa to the Mauri Ora governance group.

*“Ma te mohio
ka marama”
When one
knows one can
understand*

The document sets out the principles, from a Maori perspective, to be taken into account as decisions are made across the life of the project. It sets out that the Mauri Ora project will have a focus on te ao Maori (Maori world view) with the model of care having a kaupapa Maori orientation.

Mauri Ora Principles

Tangata (people): tangata acknowledges that every person and their family in the mental health system has mana(dignity/worth).

Tikanga (process/procedures): Tikanga acknowledges that all systems have a process, practice and protocol and acknowledges the importance of values as a basis for any system (manaakitanga, mana, aroha, hospitality, generosity and mutual respect).

Taiao (environment/setting): Taiao embraces the Maori belief that our environment is a pathway to healing and acknowledges its role in the wellbeing of all people. It reflects that “my world is my wellness”. Taiao acknowledges that all living things have a wairua (spiritual existence), that whakapapa connects us through genealogy to our surroundings.



A new model making a difference in Gisborne

A number of Lakes DHB staff members, iwi representatives and mental health service provider staff have visited Tairāwhiti DHB (Gisborne) to visit an innovative new mental health service programme called Te Kuwatawata.

Te Kuwatawata is a single point of entry service with contributions from different organisations to its staffing (staff include crisis team, CAMHS triage, home based treatment, artists, tohunga, peer support) – that takes an evidence-based approach to supporting people who are distressed – within an environment that is community based and has the look and feel of an art gallery.

General Manager Maori Health Phyllis Tangitu says the Te Kuwatawata model applies mātauranga Māori (knowledge and understanding) to reframe the way we talk about a person's experience (for example mental distress rather than mental illness) and to find a pathway for people experiencing distress to get better access to health services. Purakau (Māori stories) are used as part of a therapeutic approach that supports all people and their families/whānau to make sense of their experience, find solutions and implement them. The model is a working example of kaupapa



principles working hand in hand with clinical practice and with all ethnicities.

Service delivery is supported by weekly wānanga for staff that brings together Māori knowledge experts, local GPs, community groups, government agencies and mental health and addiction services learning about purakau, learning about keeping whānau at the centre of the work and learning about their own interactions and behaviour as a means to empowering whānau.

The service has had a positive impact in terms of reduced wait times and referral on to CAMHS and the Community Mental Health teams.

The outcome of a formal evaluation is pending.

We want to hear from you

Lakes DHB is keen to hear what you think a future mental health and addiction service should look like.

If you have anything to say please e mail:

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